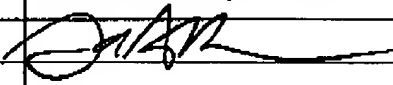



PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application Number	09/465,529	
		Filing Date	12/16/1999	
		First Named Inventor	Nosakhare D. Omoigun	
		Group Art Unit	2614	
		Examiner Name	JASON P SALCE	
Total Number of Pages in This Submission	30	Attorney Docket Number	MS1-420US	
<b>ENCLOSURES (check all that apply)</b>				
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)		
		<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):		
		Remarks		
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>				
Firm or Individual Name	Lance R. Sadler/Reg. No. 38605			
Signature				
Date	November 23, 2005			
<b>CERTIFICATE OF TRANSMISSION/MAILING</b>				
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.				
Typed or printed name	Cheryl Boies			
Signature			Date	November 23, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (12-04)

Approved for use through 07/31/2008. OMB 0851-0032  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995 no person is required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b> Application Number 09/465,529 Filing Date 12/16/1999 First Named Inventor Nosakhare D. Omoigui Examiner Name JASON P SALCE Art Unit 2614 Attorney Docket No. MS1 0420US	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		RECEIVED CENTRAL FAX CENTER NOV 23 2005	
TOTAL AMOUNT OF PAYMENT (\$ ) 0.00			

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 12-0769 Deposit Account Name: Lee & Hayes, PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims: \_\_\_\_\_ Extra Claims: \_\_\_\_\_ Fee (\$): \_\_\_\_\_ Fee Paid (\$): \_\_\_\_\_ Multiple Dependent Claims: \_\_\_\_\_  
 - 20 or HP = \_\_\_\_\_ x 50 = \_\_\_\_\_ Fee (\$): \_\_\_\_\_ Fee Paid (\$): \_\_\_\_\_  
 HP = highest number of total claims paid for, if greater than 20

Indep. Claims: \_\_\_\_\_ Extra Claims: \_\_\_\_\_ Fee (\$): \_\_\_\_\_ Fee Paid (\$): \_\_\_\_\_  
 - 3 or HP = \_\_\_\_\_ x 200 = \_\_\_\_\_ Fee (\$): \_\_\_\_\_ Fee Paid (\$): \_\_\_\_\_  
 HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**


If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____ / 50 = _____ (round up to a whole number) x _____	_____	_____

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: \_\_\_\_\_

SUBMITTED BY		Registration No. 38605	Telephone (509) 324-9256
Signature		(Attorney/Agent)	
Name (Print/Type)	Lance R. Sadler	Date	11/23/05

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

RECEIVED  
CENTRAL FAX CENTER

NOV 23 2005

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Serial No. ....09/465,529  
Filing Date .....12/16/1999  
Inventorship.....Ormoigui  
Applicant .....Microsoft Corp.  
Group Art Unit .....2611  
Examiner .....Demicco  
Attorney's Docket No. ....ms1-420us  
Title: "Methods and Systems for Managing Viewing of Multiple Live  
Electronic Presentations"

RESPONSE TO OFFICE ACTION DATED SEPTEMBER 20, 2005

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

From: Lance Sadler (Tel. 509-324-9256, ext 226; Fax 509-323-8979)  
Lee & Hayes, PLLC  
421 W. Riverside Avenue, Suite 500  
Spokane, WA 99201